

APPLICATION OF INTEREST IN FACILITY-SHARING PARTNERSHIP

ORGANIZATION

COMPLETE ADDRESS

191 Carlton Street
St. Catharines, ON
L2R 7P4

CONTACT NAME

TITLE

TELEPHONE

E-MAIL

Location of interest (name and address of school or property):

Please provide a description of your organization and its goals:

Describe the day to day operations that you are proposing for this partnership including service(s) to be offered:

What is the reason for your interest in partnering with the DSBN

List your facility needs including size and type of space, square footage, number of classrooms, green space, unique service requirements, etc. Do you anticipate renovations being required?

Does your organization have an itemized budget and associated funds to support a facility partnership?

How many parking spaces would you require?

Indicate hours of operation:

How many staff/visitors/clients do you estimate would access your operations in a day?

What is your target date to begin occupying the space, and for how long?

Please provide any additional information that you feel is related to this application:

Disclaimer: This application in no way guarantees a facility partnership with the District School Board of Niagara. I understand that this is an application form to express interest only. This application will be reviewed by one or more representatives of the District School Board of Niagara. If this application is considered further in the District School Board of Niagara's facility partnership development process, additional information may be requested by the District School Board of Niagara. By clicking the "I Agree" button below and/or submitting this form, I am acknowledging that I understand that submission of this form is only an expression of my interest in a facility partnership.

I Agree

I Disagree - Please disregard this application

For questions or more information, contact:

Filomena Goldsworthy
Manager of Community Partnerships and Engagement
District School Board of Niagara
E-mail: Filomena.Goldsworthy@dsbn.org
Phone: 905-641-2929 ext. 54159

Click "File", "Save As" to save the completed form to your computer.
Submit this application via e-mail, to: Filomena.Goldsworthy@dsbn.org

Submitted by:

Date: